

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE
15 JAN 30 PM 3:22

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Al Franken for Senate

ADDRESS (number and street)

P.O. Box 583144

Check if different
than previously
reported. (ACC)

Minneapolis

MN

55458

2. FEC IDENTIFICATION NUMBER ▼

C C00570960

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the
State of

M M / D D / Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the
State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y
12 / 08 / 2014M M / D D / Y Y Y Y
12 / 08 / 2014M M / D D / Y Y Y Y
12 / 08 / 2014

through

M M / D D / Y Y Y Y
12 / 31 / 2014M M / D D / Y Y Y Y
12 / 31 / 2014M M / D D / Y Y Y Y
12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Borman

Signature of Treasurer

Thomas Borman

Date

M M / D D / Y Y Y Y
01 / 30 / 2015M M / D D / Y Y Y Y
01 / 30 / 2015M M / D D / Y Y Y Y
01 / 30 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)